

Heavy/Commercial (Non Fleet) Motor Vehicle **Fact Finder**



Sunshine Coast
Phone 1800 072 114
North & Central Queensland
Phone 1800 629 701
www.steelpacific.com.au

Date: _____

Brokers please note: this form should be discussed with your client as a Fact Finder and then reviewed by yourself when providing this information to an Insurer to ensure coverage and sums insured are appropriate.

Download and Save this file to your computer before completing.
This file is an interactive PDF and will let you type data into the form and save it.

Advice Required Specific General
Source Yellow Pages Counter Internet Referred by: _____

INSURED'S GENERAL INFORMATION

Name(s) _____ Trading As _____
ABN _____ ITC% _____
Situation of Risk _____

Base (Suburb) _____ State _____ Post Code _____

Phone (Business) _____ Fax _____

Mobile Phone _____ Email _____

Are you willing to accept all correspondence relating to your insurance via email? Yes No

If 'Yes' please confirm email details correct.

Website(s) www. _____ www. _____

Current NCB _____ Number of years insurance held for this class _____

Owner Driver Yes No D.O.B _____ Number of years licensed for this class _____

Current Insurer _____ Expiry Date _____

Destination (Town) or Radius _____ Type of Goods Carried _____

Earthmoving Yes No If 'Yes', type of work _____

Fixed Contract Work Yes No If 'Yes', who carried for _____

VEHICLES SCHEDULE

Item	Year	Make/Model & Carrying Capacity	Body/Trailer Type Refri/Tanker/Flat	Sum Insured	Rego No.	Interested Party
1	_____	_____	_____	\$ _____	_____	_____
2	_____	_____	_____	\$ _____	_____	_____
3	_____	_____	_____	\$ _____	_____	_____
4	_____	_____	_____	\$ _____	_____	_____
5	_____	_____	_____	\$ _____	_____	_____
6	_____	_____	_____	\$ _____	_____	_____
7	_____	_____	_____	\$ _____	_____	_____
8	_____	_____	_____	\$ _____	_____	_____
9	_____	_____	_____	\$ _____	_____	_____
10	_____	_____	_____	\$ _____	_____	_____
11	_____	_____	_____	\$ _____	_____	_____
12	_____	_____	_____	\$ _____	_____	_____
13	_____	_____	_____	\$ _____	_____	_____
14	_____	_____	_____	\$ _____	_____	_____
15	_____	_____	_____	\$ _____	_____	_____

EXTENSIONS

Business Interruption / Downtime Do you require cover? Yes No

This section provides for payment of a Weekly Benefit if claim for Loss or Damage to the Vehicle has been accepted under the vehicle policy.

Item	Weekly Benefit	Weeks Wait	Weeks Cover	Item	Weekly Benefit	Weeks Wait	Weeks Cover
1	_____	_____	_____	4	_____	_____	_____
2	_____	_____	_____	5	_____	_____	_____
3	_____	_____	_____	6	_____	_____	_____

TRAILER IN CONTROL

Are you a Tow Operator? Yes No If 'Yes', cover required? Yes No

Limit of Cover Required \$50,000 \$100,000 Other \$ _____

Trailer Type Flat Top Tipper Tanker
 Tautliner Refrigeration Other _____

DANGEROUS GOODS

Do you carry Haz/Goods? Yes No If 'Yes', cover required? Yes No

Limit of Cover Required \$5,000,000 \$10,000,000 \$25,000,000

Number of units carrying Hazardous Goods: _____

Class of Hazardous Goods: _____

CARRIERS LIABILITY

Do you require Carriers Liability? Yes No

Limit per load \$ _____ Gross Freight Earnings \$ _____

Do you have a Consignment Note? Yes No If 'No', ask for one to be supplied to you.

PUBLIC LIABILITY

Do you require Public Liability? Yes No

Limit of Cover Required \$5,000,000 \$10,000,000 \$20,000,000 \$30,000,000

Number of Operators _____ Annual Turnover \$ _____

MARINE TRANSIT

Do you require Marine Transit? Yes No

Limit per load \$ _____ Gross Freight Earnings \$ _____

Type of Cover All Risk Insure Peril Only (Fire, Flood, Collision, Overturning, jack-Knifing, Derailment, Capsizing, Hi-Jack or Armed Hold Up, Malicious Damage, Cyclone, Tornado, Hurricane, Windstorm, Hail, Lightning to the Freight and Impact of Freight.)

If Insured Peril, do you require any of the following optional extensions:

Loading and Unloading Yes No Theft, Pilferage and Non Delivery Yes No

Refrigerated Goods — Yes No Shedding of Load Yes No

Temperature Controlled Haulage

DUTY OF DISCLOSURE

In the past five (5) years, have you or any person to be insured under this policy, or your employees had any claims? Yes No
If 'Yes', specify: _____

In the past (5) years, have your or any person to be insured under this policy, or your employees been convicted of a driving offence? Yes No
If 'Yes', specify: _____

In the past five (5) years, have you or any person to be insured under this policy, been convicted of a criminal offence? Yes No
If 'Yes', specify: _____

Have you, or any person to be insured under this policy, ever been declared bankrupt or entered into insolvency? Yes No
If 'Yes', specify: _____

Has an insurance company ever declined to accept insurance from you, cancelled a policy other than by your request or declined to renew a policy held by you? Yes No
If 'Yes', specify: _____

Do you have drivers under the age of 25 years, or over 25 years with less than 2 years driving experience in this class of vehicle? Yes No
If 'Yes', specify: _____

Do you have a depot / office? Yes No If 'Yes', complete a Business Needs Analysis.

Other Discussion Notes or Recommendations _____

Name (Print) _____ Signature _____ Date _____